Name _____

Date_____

Community Options Program (COP)

> **Use COP Cost-Share Worksheet # 1 for:**
> - **ALL ADULT CLIENTS LIVING IN THEIR OWN HOMES, Single or Married, or**
> - **A MARRIED COUPLE, WHEN BOTH APPLY AND BOTH LIVE AT HOME** (Complete separate worksheets for each applicant/participant**), or**
> - **A MARRIED COUPLE, WHEN ONLY THE SPOUSE WHO LIVES AT HOME APPLIES AND THE OTHER LIVES IN AN INSTITUTION**

1.	COPY the amount of countable assets from the financial eligibility determination form used to determine eligibility (line 3 of Form COP-S; or line 4 of Form COP-M/2; or ½ of the amount on line 2 of Form COP-M/2 (Yr 1+).	1.
2.	SUBTRACT an additional $3,000 allowance from line 1. Enter amount on line 2. If result is less than zero, enter zero.	_____ - 3,000 2.
3.	MULTIPLY amount on line 2 by 0.1666 to determine portion of assets to be added to income each month for 6 months.	3.
4. a) b) c) d)	ENTER income amounts (refer to this Worksheet's instructions): COPY NET COUNTABLE INCOME of this applicant/participant from the last line of Calculation 3 of the Financial Eligibility Determination Form **4a**. _____ (COP-S or COP-M/2 or COP-M/2 (YR 1+). ENTER all income (gross) of the spouse living in the home. If the spouse is institutionalized, enter zero. If spouse is on Medicaid Waiver, deduct medical/remedial expenses from CARES screen from gross income…………………………………………..**4b**. _____ ENTER all unearned income of dependent children that comes into the home………………………………………………**4c**. _____ ENTER all income of all other dependents, earned and unearned …………………………………………………………..**4d**. _____ TOTAL 4a through 4d and ENTER on line 4	4.
5.	ADD lines 3 and 4 to determine MONTHLY COMBINED ASSETS/INCOME	5.
6.	ENTER ALLOWANCES FOR PERSONS IN THE HOME THAT WILL BE DEDUCTED FROM MONTHLY COMBINED ASSETS AND INCOME: **A**) Choose one of the following allowances and ENTER it on line 6a. • Single participant, or if married and spouse is Institutionalized, ENTER = $759 • If married but spouse is not on COP or not on MA Waiver, ENTER $2,377 • If married and spouse is on COP, or is applying for COP, or is on MA Waiver, or is applying for MA Waiver, ENTER $1,561 …..………...…………………… **6a**_____+ **B**) If amount on 6a is $2,377, ENTER child support paid by client's spouse if any, on line 6b………………………………………… **6b**_____ **C**) Allowance for children and other dependents* The number of dependents ____x _____$520 = **6c**_____ **D**) ENTER court ordered amounts paid by persons in line 6c ………………………………….. **6d**_____ **E**) ENTER cost-share amounts paid by family members (see instructions)…………………… **6e** _____ TOTAL 6a through 6e and ENTER on line 6	6.
7.	SUBTRACT line 6 from line 5 to find monthly resources available for cost-sharing allowed by the State.	7.
8.	ENTER special **NON-MEDICAL** expenses specified in the county's COP Cost-Sharing Plan. See **Form COP-DIA,** Part IV (#4). Medically related expenses or IRWEs deducted from income to determine eligibility should not be re-entered here. See instructions.	8.
9.	SUBTRACT line 8 from line 7. Use this amount as the **MAXIMUM MONTHLY PARTICIPANT CONTRIBUTION (Cost-share).**	9.

* See instructions for definition of "dependent".

REDETERMINE LINE 9 AT LEAST ONCE A YEAR, or when reportable changes occur.
If line 2 and line 9 are BOTH more than ZERO, REDETERMINE IN SIX MONTHS.